

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  NURSING FACILITY MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX D SPECIFICATIONS FOR ELECTRONIC SUBMISSION OF MMQ	<b>PAGE</b> D-1
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## **Specifications for Electronic Submittal of Management Minutes Questionnaires (MMQs) Information by Nursing Facilities**

MassHealth has developed new specifications for the electronic submission of initial and semi-annual MMQs.

### **General Instructions**

- All MMQ data submitted electronically must conform, in all aspects, to the requirements in Appendix E.
- All MMQ data must be available on paper as requested by MassHealth for audit purposes.
- The nursing facility is responsible for ensuring that the MMQ data is accurate, complete, and in compliance with all pertinent regulations and requirements.
- Providers are required to submit a signed certification form with their first electronic submission. (See form MMQ Cert-1 (04/01), Electronic MMQ Submission Agreement and Certification Statement, attached to Nursing Facility Bulletin 119.) The certification forms are not required for subsequent submissions.
- MMQ data must be submitted on either a 3½" diskette or a CD-ROM, with ASCII text and fixed-length records.
- MMQ information must be sent to the following address.

MassHealth  
Casemix Unit  
600 Washington Street, 5th Floor  
Boston, MA 02111

- The file name should consist of the letter M combined with the nursing facility's seven-digit MassHealth provider number and a three-letter abbreviation of the current month. For example: A nursing facility with a MassHealth provider number 0911111 submitting MMQ information for the period of January 2004 must have "M0911111.JAN" as its file name.
- The diskette or CD-ROM label must include the following information: the nursing facility's name, the MassHealth provider number, and the date the file was created. For example:

Any Home Manor, Inc.  
0911111  
July 7, 2004

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- All MMQ information must be validated using the data validation utility included in the software provided by MassHealth. Providers can obtain the software by downloading it from MassHealth's Web site at [www.state.ma.us/dma/mmq/dmammmq\\_IDX.htm](http://www.state.ma.us/dma/mmq/dmammmq_IDX.htm) or by contacting MassHealth at the address given above.
- If an MMQ submission contains errors, MassHealth will notify the nursing facility of the error.
- The record format layout must conform to the specifications on the following pages.

### **Time Frames**

- Initial MMQs must be completed for each new MassHealth member at the time of the member's admission to the facility, or at conversion from private or Medicare payment to MassHealth payment. Initial and conversion MMQs must be submitted at the end of the month.
- Semiannual MMQs are due at MassHealth no later than the fifteenth of the month. For example: A nursing facility's semi-annual start date is July 1, 2004. By July 15, 2004, MassHealth must receive the facility's MMQ data for the period.

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### Initial MMQ and Semiannual MMQ Record Layout

Field Description	Field Position	Field Length	Data Type*	Coding
Card Code	1	1	N	Always 1
Admission Date	2-9	8	N	MMDDYYYY
Effective Date	10-17	8	N	MMDDYYYY
Reason Code	18	1	AN	1-5, D (discharge record)
Last Name	19-33	15	A,B	
First Name	34-45	12	A,B	
Middle Initial	46	1	A,B	
Sex	47	1	N	1, 2
Race	48	1	N	1-5
MassHealth ID	49-58	10	AN, N	Must be 10 digits (will accept alpha in first two digits).
Date of Birth	59-66	8	N	MMDDYYYY
MassHealth Provider Number	67-73	7	N	
Dispense Medications	74	1	N	Always 1
Skilled Observation	75	1	N	1, 2
Personal Hygiene/Bathing	76	1	N	1-3
Personal Hygiene/Grooming	77	1	N	1-3
Dressing	78	1	N	1-5
Mobility	79	1	N	1-5
Eating	80	1	N	1-8
Bladder	81	1	N	1-6
Bowel	82	1	N	1, 2, 3, 4, 6
Bladder/Bowel Retraining	83	1	N	1-4
Positioning	84	1	N	1, 2
Card Code	85	1	N	Always 2
Pressure Ulcer Prevention	86	1	N	1, 2
Skilled Procedure/Pressure Ulcer	87	1	N	0-9
Number Pressure Ulcer Stage 1	88	1	N	0-9
Number Pressure Ulcer Stage 2	89	1	N	0-9
Number Pressure Ulcer Stage 3	90	1	N	0-9
Number Pressure Ulcer Stage 4	91	1	N	0-9
Skilled Procedure/Other	92	1	N	0-9
Skilled Procedure Type 1	93-94	2	N, B	00-14
Skilled Procedure Type 2	95-96	2	N, B	00-14

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### Initial MMQ and Semiannual MMQ Record Layout (cont.)

Field Description	Field Position	Field Length	Data Type*	Coding
Skilled Procedure Type 3	97-98	2	N, B	00-14
Subtotal	99-101	3	N	030-556
Special Attention Immobility	102	1	N	0, 1
Special Attention Rigidity	103	1	N	0, 1
Special Attention Behavior	104	1	N	0-3
Special Attention Isolation	105	1	N	0, 1
Restorative Nursing Code 1	106	1	N	0-7
Restorative Nursing Code 2	107	1	N	0-7
Restorative Nursing Code 3	108	1	N	0-7
Grand Total	109-112	4	N	030-6416, no decimal point**
Category	113	1	A	H, J, K, L, M, N, P, R, S, T
Toilet Use	114	1	N	1-4
Transfer	115	1	N	1-4
Mental Status	116	1	N	1-3
Restraint	117	1	N	1-3
Activities	118	1	N	1-3, 8
Consultation 1, Type	119-120	2	N	00-12, 88
Consultation 1, Frequency	121	1	N	0-6
Consultation 2, Type	122-123	2	N	00-12, 88
Consultation 2, Frequency	124	1	N	0-6
Consultation 3, Type	125-126	2	N	00-12, 88
Consultation 3, Frequency	127	1	N	0-6
Med 1, Type	128	1	N	0-8
Med 2, Type	129	1	N	0-8
Med 3, Type	130	1	N	0-8
Med 4, Type	131	1	N	0-8
Med 1, Frequency	132	1	N	0-3
Med 2, Frequency	133	1	N	0-3
Med 3, Frequency	134	1	N	0-3
Med 4, Frequency	135	1	N	0-3
Accidents	136	1	N	1, 2
Contractures	137	1	N	1, 2
Weight Change	138	1	N	1, 2
Primary Diagnosis	139-143	5	AN	Left-justified
Secondary Diagnosis 1	144-148	5	AN, B	Left-justified
Secondary Diagnosis 2	149-153	5	AN, B	Left-justified
Secondary Diagnosis 3	154-158	5	AN, B	Left-justified
Affiliation	159	1	N	1-3
RN Evaluator Name	160-184	25	A	
Date	185-192	8	N	MMDDYYYY

\*\*Grand total = total of scores for services 1-14. This number should be zero filled and left-justified, with the decimal removed (for example: 0300=30.0; 2260=226.0; 6416=641.6).

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## Discharge Record Layout

Field Description	Field Position	Field Length	Data* Type	Coding
Card Code	1	1	N	Always 1
Review Date	2-9	8	N	MMDDYYYY
Filler	10-17	8	B	Always blank
Reason Code	18	1	AN	D
Filler	19-48	30	B	Always blank
MassHealth ID	49-58	10	AN, N	Must be 10 digits (will accept alpha in first two digits)
Discharge Date	59-64	6	N	MMDDYY
Discharge Code	65-66	2	N	01-14
MassHealth Provider Number	67-73	7	N	
Filler	74-84	11	B	Always blank
Card Code	85	1	N	Always 2
Filler	86-158	73	B	Always blank
Affiliation	159	1	N	1-3
RN Evaluator Name	160-184	25	A	
Date	185-192	8	N	MMDDYYYY

**\*N=Numeric; A=Alpha; B=Blank; AN=Alpha/Numeric**

NOTE: All alpha must be capital letters.

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## Identifying Information for Patient

### Reason for Submission

Acceptable entries: 1, 2, 3, 4, 5, or D.

### MassHealth ID Number

Digits 1-3 must be in one of the following ranges: 001-649, 700-728, 890-899, 922, 991-999, or alpha for first two digits.

Digits 4-9 cannot be all zeros.

Tenth digit of MassHealth ID Number:

Step 1: Multiply 1st digit by 4.

Multiply 2nd digit by 3.

Multiply 3rd digit by 2.

Multiply 4th digit by 7.

Multiply 5th digit by 6.

Multiply 6th digit by 5.

Multiply 7th digit by 4.

Multiply 8th digit by 3.

Multiply 9th digit by 2.

Step 2: Add results of multiplications in Step 1.

Step 3: Divide Step 2 total by 11.

Step 4: Subtract the remainder of Step 3 from 11.

Step 5: The rightmost digit of the result from Step 4 is the 10<sup>th</sup> digit. Example: Step 2 = 125. For Step 3, 125/11=11, with a remainder of 4. Subtract 4 from 11, and the result is 7. The 10th digit is 7.

## Service Information

### 1. Dispense Medications and Chart

Code always = 1; Score always = 30

### 2. Skilled Observations

Code 1: Score = 0

Code 2: Score = 15

### 3. Personal Hygiene

Code 1: Score = 0

Code 2: Score = 18

Code 3: Score = 20

Score equals higher of bathing or grooming.

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#### **4. Dressing**

Code 1: Score = 0  
Code 2: Score = 30  
Code 3: Score = 30  
Code 4: Score = 0  
Code 5: Score = 0

#### **5. Mobility**

Code 1: Score = 0  
Code 2: Score = 0  
Code 3: Score = 32  
Code 4: Score = 32  
Code 5: Score = 0

#### **6. Eating**

Code 1: Score = 0  
Code 2: Score = 20  
Code 3: Score = 45  
Code 4: Score = 90  
Code 5: Score = 90  
Code 6: Score = 110  
Code 7: Score = 135  
Code 8: Score = 135

#### **7. Continence/Catheter**

Code 1: Score = 0  
Code 2: Score = 0  
Code 3: Score = 48  
Code 4: Score = 48  
Code 5: Score = 20 (bladder only)  
Code 6: Score = 18

Score equals higher of bladder or bowel code, unless bladder is Code 5 and bowel is Code 3 or 4, in which case the score = 38.

#### **8. Bladder/Bowel Retraining**

Code 1: Score = 0  
Code 2: Score = 50  
Code 3: Score = 18  
Code 4: Score = 68

If Bladder Code in 7 equals 3, 4, or 5, and the Code in 8 equals 2 or 4, then the default in 8 is: Code = 1, Score = 0.

If Bowel Code in 7 equals 3, 4, or 6, and the Code in 8 equals 3 or 4, then the default in 8 is: Code = 1, Score = 0.

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### 9. Positioning

Code 1: Score = 0

Code 2: Score = 36

### 10. Pressure Ulcer Prevention

Code 1: Score = 0

Code 2: Score = 10

### 11. Skilled Procedure Daily/Pressure Ulcer

Code 0: Score = 0

Code 1-9: Score = 10 times the frequency; maximum of 90

Enter number at each Stage 1-4.

### 12. Skilled Procedure Daily/Other

Code 0: Score = 0

Code 1-9: Score = 10 times the frequency; maximum of 90

If the frequency code is 1-9, there must be an entry in the procedure type (00-14).

If only one procedure type is listed, and it is either 02, 07, 10, or 12, then the frequency code cannot exceed 3.

### 13. Special Attention

Code 0, 1, 2, or 3 must be entered in A-D.

A = 0, 1

B = 0, 1

C = 0-3

D = 0, 1

If A-D contains all zeros: Score = 0

If A-D contains at least one 1: Score = 10% (x) Subtotal

### 14. Restorative Nursing

Code 0: Score = 0

Code 1-7: Score = 30 *unless*:

3 (Personal Hygiene) is coded 2 or 3—Code 2 for this service must default to 0

4 (Dressing) is coded 2 or 3—Code 1 for this service must default to 0

5 (Mobility) is coded 3 or 4—Code 6 for this service must default to 0

6 (Eating) is coded 2 or 3—Code 3 for this service must default to 0

Grand Total = Total of scores for services 1-14. This number should be left-justified.

### 15. Toilet Use

Must be Code 1, 2, 3, or 4.

### 16. Transfer

Must be Code 1, 2, 3, or 4.



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### **17. Mental Status**

Must be Code 1, 2, or 3

### **18. Restraint**

Must be Code 1, 2, or 3

### **19. Activities Participation**

Must be Code 1, 2, 3, or 8

### **20. Consultations**

Code 00 enter: TYPE = 00; FREQ = 0

Code 88 enter: TYPE = 88; FREQ = 0

Otherwise enter: TYPE = 01-12; FREQ = 1-6

### **21. Medications**

Medications: Codes 0-8; Frequency: 0-3

### **22. Accidents/Contracture/Weight Change**

Code 1 or 2; must have three entries.

### **23. Primary Diagnosis**

Use ICD-9 codes, left-justified; length may be 3-5 bytes.

### **24. Secondary Diagnosis(es)**

Use ICD-9 codes, left-justified; length may be 3-5 bytes.

### **25. RN Evaluator**

Name of evaluator must be entered.

### **26. Evaluation Date**

The date the evaluation is completed must be entered.

### **27. Name of Administrator**

Name of administrator must be entered.

### **28. Affiliation**

Code 1 = Nursing facility staff

Code 2 = MassHealth

Code 3 = RN contractor

### **29. Discharge Code**

Code 01-14 must be entered.

### **30. Discharge Date**

The date the resident is discharged must be entered.

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<b>RANGE OF MINUTES FOR MMQ CATEGORIES (EFFECTIVE JANUARY 1, 2000)</b>	
CATEGORY	RANGE OF MINUTES
H	30
J	30.1–85.0
K	85.1–110.0
L	110.1–140.0
M	140.1–170.0
N	170.1–200.0
P	200.1–225.0
R	225.1–245.0
S	245.1–270.0
T	270.1 +